DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/01/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	A. BUILDING 01		COMPLI	
		155776	B. WIN	G		09/24/	2012
NAME OF P	ROVIDER OR SUPPLIER			STREET A	ADDRESS, CITY, STATE, ZIP CODE		
0001101					SPRINGHILL DR		
SPRING	HILL VILLAGE			TERRE	HAUTE, IN 47802		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΤE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
K0000							
	Δ Life Safety Co	ode Recertification,	K00	000	The creation and submission of	of	
	State Licensure		1100	,00	this Plan of Correction does no		
		k-thru Survey were			constitute an admission by this		
		-			provider of any conclusion set		
	-	he Indiana State			forth in the statement of deficiencies, or of any violation	n of	
	Department of				regulation.This provider	. 01	
	accordance Wit	h 42 CFR 483.70(a).			respectfully requests that the		
		0.40.4.47.0			2567 Plan of Correction be		
	Survey Date: 0	19/24/12			considered the Letter of Credil		
					Allegation and requests a Pos Survey Desk Review on or af		
	Facility Numbe				10/24/2012.		
	Provider Numb						
	AIM Number: 2	200958030					
	Surveyor: Brid	-					
	Safety Code Sp	ecialist					
	At this Life Safe	ety Code survey,					
	Springhill Villag	ge was found not in					
	compliance wit	th Requirements for					
	Participation in	ı					
	Medicare/Medi	caid, 42 CFR					
	Subpart 483.70	O(a), Life Safety					
	from Fire and t	he 2000 edition of					
	the National Fi	re Protection					
	Association (NI	FPA) 101, Life Safety					
	,	apter 19, Existing					
		cupancies and 410					
	IAC 16.2.	•					
	The facility was	s a one story					
		nined to be of Type					
					•		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155776	LDING	NSTRUCTION 01	(X3) DATE COMPL 09/24/	ETED
NAME OF PROVIDER OR SUPPLIER SPRINGHILL VILLAGE			1001 E	DDRESS, CITY, STATE, ZIP CODE SPRINGHILL DR HAUTE, IN 47802		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
	sprinklered execited at K-56. fire alarm systems smoke detection and spaces operated and spaces operated and spaces operated and spaces operated and had a census of this survey. The facility was compliance with regard to spring facility was in extended as a census of this survey. All areas where customary access sprinklered. A facility services except two detused for nursing and maintenant sprinklered, Quality Review by the services of the	h state law in kler coverage. The compliance with gard to smoke age. e residents have ess were not ll areas providing were sprinklered, ached buildings ag supply storage ce which were not leaders booker, Life Safety dical Surveyor on 10/01/12.				

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	OF CORRECTION	IDENTIFICATION NUMBER: 155776	(X2) MULTIPLE CC A. BUILDING B. WING	01		
NAME OF PROVIDER OR SUPPLIER SPRINGHILL VILLAGE			1001 E	ADDRESS, CITY, STATE, ZIP C SPRINGHILL DR HAUTE, IN 47802	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	REGULATORY OR			CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	

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Event ID: 001021

Facility ID: 012188

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155776	(X2) MULTII A. BUILDING B. WING	DLE CONSTRUCTION 01	COMP	E SURVEY LETED 1/2012
NAME OF PROVIDER OR SUPPLIER SPRINGHILL VILLAGE			10	REET ADDRESS, CITY, STATE, ZIP 01 E SPRINGHILL DR ERRE HAUTE, IN 47802	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TA	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLETION DATE
K0018 SS=E	than required endopenings, exits, or substantial doors of 13/4 inch solid-to capable of resisting minutes. Doors in only required to resmoke. There is closing of the door with a means suit closed. Dutch dopermitted. 19.3 Roller latches are regulations in all library and a seed on observite of the compartments door frame and impediment to deficient practicity visitors and 20 in the main dimensure compartments. Findings includes	corridor openings in other closures of vertical or hazardous areas are such as those constructed conded core wood, or ing fire for at least 20 in sprinklered buildings are esist the passage of ino impediment to the ors. Doors are provided table for keeping the door ors meeting 19.3.6.3.6 are e.6.3. The prohibited by CMS in the care facilities. In the care facilities in the could latch into the district of 7 smoke could latch into the district of the could latch into the district of the caffects staff, or more residents are sing room and the could latch into the district of the could latch into the could latch into the district of the could latch into the could latch into the could latch into the could la	K0018	K 018 NFPA 101 Life Code Standard It is the policy of this providors protecting corridor of other than required enclosivertical openings, exits or areas are substantial doo those constructed of 134 is solid-bonded core wood, resisting fire for at least 20 Doors in sprinkled building required to resist the pass. There is no impediment to the doors. Doors are provimeans suitable for keeping closed. Dutch doors meet are permitted. What corrective action(s accomplished for those found to have been affect deficient practice? The, Administrator, Mainte Supervisor and Management educated on 9/24/12 that door sets protecting the obetween the Therapy room and the main dining room are required to latch indep	ider to ensure openings in sures of hazardous rs, such as nch or capable of 0 minutes. gs are only sage of smoke. or the closing of rided with a right had on the closing of rided with a right had on the closing of rided with a right had on the closing of rided with a right had on the closing of rided with a right had on the closing of rided with a right had on the closing of rided by the residents cred by the enance ment staff was the double opening m and corridor, and corridor	10/24/2012

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MU	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUII	A. BUILDING 01		COMPLI	COMPLETED	
		155776	B. WIN		-	09/24/	2012	
					ADDRESS, CITY, STATE, ZIP CODE			
NAME OF F	PROVIDER OR SUPPLIE	R			SPRINGHILL DR			
SPRINGI	HILL VILLAGE				HAUTE, IN 47802			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	TC	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE	
	p.m., double o	loor sets protecting			the door frames. How will you identify other residen	te		
	the opening b	etween the Physical			having the potential to be affected			
	Therapy room	and corridor, and			the same deficient practice and wh	-		
	l	g room and corridor			corrective action will be taken?			
		one door to latch			Residents that reside at the facility not be affected by the alleged deficient	iay		
		frame before the			practice. All other fire door sets in the	e		
					facility were checked by the Maintenance Supervisor and			
		ould latch into the			Administrator on 9/24/12 and ensure	ed		
		ecure them both			that they close independently into the	е		
		e door frame. In			doorframes. What measures will be put into pla	ce		
	addition, one	door in each self			or what systemic changes you will			
	closing door s	et had an astragal.			make to ensure that the deficient			
	The maintenar	nce director			practice does not recur? The Maintenance Supervisor will ins	tall		
	acknowledged	at the time of			spring-loaded latches to the door set			
	_	ach door could not			opening into the Therapy room and			
	•	dently into the door			main dining room so that each door latches into the frame independently			
	frames.	activity into the door			Executive Director and Maintenance			
	maines.				Supervisor will ensure all fire doors sappropriately to meet Life Safety	shut		
	2.1.10(1)				Regulations.			
	3.1-19(b)				How the corrective action(s) will be	•		
					monitored to ensure the deficient practice will not recur, i.e., what			
					quality assurance program will be			
					put into place?			
					A CQI tool will be initiated weekly for four weeks and monthly times two			
					months and quarterly thereafter. The	,		
					Maintenance Supervisor will monitor	for		
					compliance. The Safety Committee view quarterly.	will		
					review quarterry.			

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		01	COMPL	ETED
		155776	B. WING			- 09/24/2012	
			D. WII.		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER				SPRINGHILL DR		
SPRING	HILL VILLAGE				HAUTE, IN 47802		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	DE CAMPANIA DA LAS CONTROLAS DE CAMPANIA D		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	-	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	E	DATE
K0056	NFPA 101						
SS=E	LIFE SAFETY CO	DDE STANDARD					
		matic sprinkler system, it is					
		dance with NFPA 13,					
		nstallation of Sprinkler					
		de complete coverage for building. The system is					
	-	ed in accordance with					
		ard for the Inspection,					
		ntenance of Water-Based					
	Fire Protection Sy						
	-	e is a reliable, adequate					
		he system. Required are equipped with water					
		switches, which are					
		cted to the building fire					
	_	19.3.5					
	Based on obse	rvation and	K00	56	K 056 NFPA Life Safety Code		10/24/2012
	interview, the f				StandardIt is the policy of this		
	provide comple	•			provider to ensure there is an		
	_ ·	0 of 57 resident			automatic sprinkler system, an is installed in accordance with	d it	
	_	story building of			NFPA 13, Standard for the		
		onstruction. LSC			Installation of Sprinkler System	ns,	
	19.1.6.2 requir				to provide complete coverage		
	facilities of Typ				all portions of the building. The		
					system is properly maintained accordance with NFPA 25,	111	
		e provided with			Standard for the Inspection,		
		kler protection.			Testing, and Maintenance of		
		oractice could affect			Water-Based fire Protection		
		and 74 residents in			Systems. It is fully supervised.		
	the affected re	sident rooms.			There is a reliable, adequate water supply for the system.		
					Required sprinkler systems are	9	
	Findings includ	le:			equipped with water flow and	-	
					tamper switches, which are		
	Based on obse	rvation with the			electrically connected to the		
	maintenance d				building fire alarm system. 19.3		
		veen 11:30 a.m. and			What corrective action(s) will be accomplished for those		
		nkler protection			residents found to have been	1	
	J. 10 p.111., SPI1	iikiei protection			100.doi:10 10dila to llavo been	•	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO		(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 01 COMPLETED				
		155776	B. WIN	G		09/24/	2012
SPRINGI	PROVIDER OR SUPPLIER			1001 E TERRE	ADDRESS, CITY, STATE, ZIP CODE SPRINGHILL DR HAUTE, IN 47802		(15)
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ē	(X5) COMPLETION DATE
	each of resider 108, 111 to 11 to 308, and 40 addition, the th corridor alcove conference roo The maintenan acknowledged observation, th	nree foot by 32 inch near the om had no sprinkler. nce director			affected by the deficient practice? The Administrator, Maintenance Supervisor and Management staff was educated on 9/24/12 that sprinkler protection was not adequate for one alcove in each of resident rooms 101 to 108, 111 to 114, 205 to 214, 302 to 308, and 40 to 412, as well as the three food by 32 inch corridor alcove near the conference room. The outsivendor was notified on 9/25/12 that the sprinkler system coverage is not adequate for the areas identified and scheduled a building inspection. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Resident that reside at the facility may be affected by the alleged deficient practice. The Maintenance Supervisor inspected the entire building on 10/25/12 to ensure there was no other alcoves or areas not covered by the sprin system. The outside vendor inspected the building on 10/4/and agreed with the findings at areas that needed corrected. What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not recur? A ne sprinkler head will be installed the alcove in each of resident rooms rooms 101 to 108, 111	or 22 ot reside 2. The second of the second	

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		IDENTIFICATION NUMBER: 155776	A. BUILDING B. WING		COMPLETED 09/24/2012	
NAME OF P	ROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE		
	HILL VILLAGE			SPRINGHILL DR HAUTE, IN 47802		
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	
				114, 205 to 214, 302 to 308, a 402 to 412. The installation began by an outside vendor of 10/22/12 and will be complete 11/2/12. A new sprinkler head be installed for the three foot to 32 inch corridor alcove near the conference room. How the corrective action(s) will be monitored to ensure the deficient practice will not redice, what quality assurance program will be put into place? A CQI tool will be initiated weekly for four weeks and monthly times two months and quarterly thereafter. The Maintenance Supervisor will monitor for compliance. The Safety Committee will review quarterly.	n d by will by le eur,	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	(X3) DATE SURVEY			
AND PLAN	N OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	01	COMPLETED	
		155776	B. WING		09/24/2012	
NAME OF I	DROVIDED OD GUDDI IEI	D.	STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIE	K.	1001 E	SPRINGHILL DR		
SPRINGI	HILL VILLAGE		TERRE	HAUTE, IN 47802		
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	· ·	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
TAG		R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE	
K0062 SS=E		ODE STANDARD atic sprinkler systems are				
		intained in reliable operating				
		e inspected and tested				
		9.7.6, 4.6.12, NFPA 13,				
	NFPA 25, 9.7.5					
	Based on obse	rvation and	K0062	K 062 NFPA 101 Life Safety	10/24/2012	
	interview, the	facility failed to		Code Standard It is the policy of this provider	to	
	ensure sprinkl	er heads providing		ensure that the automatic		
	protection for	2 of 7 smoke		sprinkler systems are		
	compartments	were maintained.		continuously maintained in		
	This deficient	practice could affect		reliable operating condition an	d	
	staff, visitors a	and 40 residents on		are inspected and tested periodically.		
	the 300 and 4	00 halls.		19.7.6.12, NFPA 13, NFPA 25	j,	
				9.7.5	,	
	Findings inclu	de:		What corrective action(s) wil	l	
				be accomplished for those residents found to have been		
	Based on obse	rvation with the		affected by the deficient	'	
	maintenance c	lirector and		practice?		
	administrator			The Maintenance Supervisor,		
		a.m. and 3:10		Administrator and Managemen		
		r head escutcheons		staff was educated on 9/24/12		
	1 -	from the sprinkler		that sprinkler head escutcheor must cover all sprinkler head	13	
				assemblies.		
	head in room			How will you identify other		
		closet in room 310,		residents having the potentia	al	
		7, 414, and the		to be affected by the same		
	housekeeping	supply storage		deficient practice and what		
	room. The ma	aintenance director		corrective action will be take The Maintenance Supervisor	nr	
	agreed at the	time of		checked every sprinkler head		
	observations,	the sprinkler head		assemblies on 9/25/12 to ensu	ıre	
	assemblies we	re incomplete.		escutcheons are present.		
		•		Maintenance Supervisor instal	lled	
	3.1-19(b)			escutcheons identified as		
				missing. What measures will be put in	to	
				I what measures will be put in		

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	OF CORRECTION	IDENTIFICATION NUMBER: 155776	(X2) MULTIPLE CO A. BUILDING B. WING	01	COMPLETED 09/24/2012
	PROVIDER OR SUPPLIE	R	1001 E	ADDRESS, CITY, STATE, ZIP CODE SPRINGHILL DR E HAUTE, IN 47802	
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	N (X5) BE COMPLETION PRIATE DATE
				place or what systemic changes you will make to ensure that the deficient practice does not recur? The Maintenance Supervise monitor sprinkler head assed on an ongoing basis. Additional escutcheons were ordered to have in supply to replace as needed. How the corrective actions will be monitored to ensure deficient practice will not i.e., what quality assurance program will be put into particular of four weeks and monthly two months and quarterly thereafter. The Maintenance Supervisor will monitor for compliance. The Safety Committee will review quarterly the supervisor will review quarterly the s	embly re co (s) re the recur, re lace? veekly times

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